## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	03/25/2010	Address:	906 N 14 <sup>th</sup> St
Case #:	<u>96-04969</u>		Richmond IN
County:	Wayne		<del></del>
Type of Laboratory Seizure (check one)		Seizure Location (	check all that apply)
Chemic	onal Lab al/Glassware/Equipment (only) ite (only)	☐ Residence ☐ Outbuilding ☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☑ Other:
Items Found: Location (bedroom, kitchen, open air, etc)			<u>Dumpster</u>
(check all that apply)    Lithium/Ammonia Reaction(s): Dumpster			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium): <u>Dumpster</u>			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
<u>Child unde</u>	r age 18 discovered (check one)	<u> I</u> nvestigative	- Information
∐ Yes ⊠ No	(number present)	Ephedrine/Pseudoephedrine Tracking Log	
	port to Child Protective Services	∐ Retail/Me ⊠ Other:RPI	rchant Tip D Found
This report	is to be faxed to the following agen		<del></del>
	nent: Richmond Fd	Fax: (765)	<del></del>
Health Department: <u>Wayne Co</u>		Fax: (765) 9	<del>)73-9245</del>
Child Protec	etion Service:	Fax:	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Paul Harrison Phone 317-234-4592			

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.